TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.
ALL SOMES MUST BE LEGIBLE.
INCOMPLETE CERTIFICATES WILL BE RETURNED.

Dr. Mary C. Fogarty

3 copies 1 for veto# 4

-60 (REV 1/78)					Г		STATE FILE NUMBER 7	
CENSUS SUB-	N	RECORDED DISTRICT						
	NEW YORK STATE							
		REGISTER NUMBER DEPARTMENT OF HEALTH						
	6 CERTIFICATE OF DEATH							
ATISTICAL DISTRICT	/	1. NAME: FIRST	MIDDLE LAST		2. SEX	3A. DATE	OF DEATH 3B. HOUR	
≅C.					MALE FEMA	LE MONTH	DAY YEAR	
		John	T. Imhoff, Ir.			Jul :	30 85 1:30 m	
ES.		4. AGE IF UNDER 1 YE	The state of the s	6. 1	VETERAN OF U.S. ARMED FORCES?		7. SOCIAL SECURITY NUMBER	
		MONTHS DA			NO YES IF YES, SPECIFY WAR	OR DATES		
	1	60 YEARS	June 17:	25	W 2		115-14-0434	
	-		OCALITY (CHECK ONE AND SPECIFY) BC. I-	NEITHER,	OR OTHER INSTITUTION BD. (GIVE ADDRESS)	F IN HOSPITAL		
	Oneida City of Month of Menderson St., Whith Comparison Month of Month of							
9. STATE OF BIRTH 10. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS (CHECK ONE) 12. SURVIVING SPOUSE (IF WIFI						VIFE GIVE MAIDEN NAME!		
		New York			TED 4 DIVORCED			
		13. RACE: WHITE, BLACK, AMERICAN INDIAN, 14.	OF SPANISH ORIGIN? YES ON NO	11	5. EDUCATION: INDICATE HIGHEST G	RADE COMPLE	TED ONLY HOOL COLLEGE	
	1	2	☐ MEXICAN ☐ PUERTO RICAN ☐ CUBAN 9 ☐ OTHER SPANISH ORIGIN (SPECIFY)		0 1 2 3 4 5 6 7	8 1 2	3 4 1 2 3 4 5+	
	1	White 3	CENTRAL OR SOUTH AMERICAN		00 01 02 03 04 05 06 07	08 09 10	11 12 13 14 15 16 17	
16A. USUAL OCCUPATION (DO NOT ENTER RETIRED) 16B. KIND OF BUSINESS OR INDUSTRY 16C NAME AND LOCALITY OF FIRM OR COMPANY CO.							RECOMPANY CO.	
Tool Maker Tool Industry Utica, N. Y.								
	(H	17A. STATE	B. COUNTY 17C. LOCALITY (CHECK C	NE AND S	SPECIFY)	17E. IF CITY OR WITHIN CI	I VILLAGE, IS RESIDENCE TY OR VILLAGE LIMITS?	
USUAL RESIDENCE	S	New York	Oneida City of Willage of W	hites	town.	YES NO	IF NO, SPECIFY TOWN:	
WHERE DECEDENT LIVED.	SIDEN	17D. STREET AND NUMBER OF R		22203	1			
LIVED.	RES	Henderson Str	oot 13492			White	stown	
└		18A. FIRST	MIDDLE LAST	1 181	B. FIRST	MIDDLE	LAST	
		NAME OF John	2mhoff	, NA	AIDEN AME OF Rose		Landry	
4		19A. NAME OF INFORMANT	19	B. MAILING	G ADDRESS (INCLUDE ZIP CODE)			
		Peter Imhoff		Powe	ell Avenue, White			
3	200. BURIAL, CREMATION, REMOVAL OR MONTH DAY YEAR 20B. PLACE OF BURIAL, CREMATION, REMOVAL OR 120C. LOCATION (CITY OR TOWN, STATE) OTHER DISPOSITION (SPECIFY) Burial Aug 2 85 Mount Olivet Cemetery Whitesboro, New York 21A. NAME AND ADDRESS OF FUNERAL HOME 21B. REGISTRATION NO. 21B. REGISTRATION NO. 02609							
	la wells & Loga Turblac Nome, 100 Hadri St., "The south, 11. g.						UZOU9 2C. REGISTRATION NO.	
	ā	Salvatore W. Co			SIGNATURE OF FUNERAL DIRECTOR		01050	
· el	1	23A. SIGNATURE OF REGISTRAR	23B. MONTH DAY Y	AR 24A. B	BURIAL OR REMOVAL PERMIT ISSUE	D	24B. MONTH DAY YEAR	
		Mancy	Kill & FILED 8 1/18	1/85 m Manai Kulik 8:1/85				
	TO BE COMPLETED BY						BY	
	1	25. CERTIFY	ING PHYSICIAN ONLY		CORONER OR MEDICA		L EXAMINER ONLY	
		A. TO THE BEST OF MY KNOWLED TIME, DATE AND PLACE AND D	DGE, DEATH OCCURRED AT THE DUE TO THE CAUSES STATED MONTH DAY YE		ON THE BASIS OF EXAMINATION AN IN MY OPINION DEATH OCCURRED A AND PLACE AND DUE TO THE CAUSE	IT THE TIME, DA	TE LICONDIVER	
	-	1	164 1 = 21	SIG	SNATURE	SSIAIED	CORONER'S PHYSICIAN	
	ER	B. THE PHYSICIAN ATTENDED TH	IEDECEASED C. LAST SEEN ALIVE		PRONOUNCED DEAD C. HOUR		D MEDICAL EXAMINER	
	RTIF	MONTH DAY YEAR	MONTH DAY YEAR MONTH DAY YE		MONTH DAY YEAR		MONTH DAY YEAR	
		FROM: / / 122 T	10: 7 30 45 2 1 5	ON	AT	М.		
	0	D. NAME OF ATTENDING PHYSICI	IAN, IF OTHER THAN CERTIFIER) E. S	SIGNATURE OF CORONER OR CORONER	S PHYSICIAN, IF	OTHER THAN CERTIFIER	
3	-	11/200						
	A	26. NAME AND ADDRESS OF CER	TIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINE	-			1	
	>	MARY C. A	LOGARTY 430		RTST UTI	CAY	APPROXIMATE INTERVAL	
		PART I. IMMEDIATE CAUSE	ENTER ONLY ONE CAUSE		FOR (A), (B), AND (C).	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE		(A) RESPI	RATORY YAKUR	2			6 Hours	
		DUE TO, OR AS A CONSEQUENCE	E OF:				00,1000	
CAUSE (A) STATING THE		DUE TO, OR AS A CONSEQUENCE	9) WILK				2 9 200	
UNDERLYING CAUSE LAST.	l _w	(C)					U	
	CAUS	PART II. OTHER SIGNIFICANT CO			28B. IF YES, WERE FINDINGS CO DETERMINING THE CAUSE	NSIDERED IN OF DEATH?	29. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?	
нѕ	CA	1 - 0 . 000	ALGER VINER	1 (2		□ NO	1 Pres 2 NO	
		30A. SPECIFY IF ACCIDENT, HOM SUICIDE, UNDETERMINED,	MICIDE. 30B DATE OF INJURY 30 PENDING MONTH DAY YEAR	C. HOUR C	OF 30D: DESCRIBE HOW INJU	RY OCCURRED		
-		INVESTIGATION			M. I			
		30E INJURY AT WORK?	30F PLACE OF INJURY HOME. 130G. I	OCATION	(STREET & NO., CITY OR VILLAGE, TO	WN, COUNTY.	STATE)	
	1		FACTORY, OFFICE BLDG., ETC					